



Chemung County Health Department
Environmental Health Services
 103 Washington St., PO Box 588
 Elmira, New York 14902-0588

Phone: (607) 737-2019 Fax: (607) 737-2059 www.chemungcountyhealth.org

For Office Use Only	Fee amount due: \$65.00
	Date Paid: _____ Recept #: _____
	Approved by: _____
	Effective: _____ Expir: _____

On-Site Wastewater Treatment System Contractor Registration Application

Section 1: CONTRACTOR INFORMATION

Contractor Name: _____

Business Address: _____

 City, State, Zip: _____

Mailing Address: _____

 City, State, Zip: _____

Owner/Owner Rep: _____ Social Security # or EIN: _____

Business Phone #: _____ Cell Phone #: _____

Fax #: _____ E-Mail Address: _____

Section 2: LIABILITY INSURANCE

The contractor listed above has \$ _____ of liability insurance coverage with _____ with an expiration date of _____

Section 3: WORKERS COMPENSATION/DISABILITY INSURANCE

This is to certify, under the penalties of perjury, that the above described operation either has Worker's Compensation and Disability Benefits coverage when required by law **OR** has completed CE-200 stating that such coverage is not required (see attached instructions on how to complete this form).

Worker's Compensation Insurance (Attach proof of Insurance form to application). Check which form is provided as proof:

- Form C-105.2 Form U-26.3 Form SI-12 Form GSI-105.2 (note: **Acord** Forms cannot be accepted as proof)

Disability Insurance (Attach proof of Insurance form to application) Check which form is provided as proof:

- Form DB-120.1 Form DB-155 (note: **Acord** Forms cannot be accepted as proof)

or -- > **Form CE-200 submitted to this Department on:** _____ (This exemption form need only be filled out if you do not have insurance listed above)

Note: You must **attach** a copy of your completed form CE-200 to this application, please be sure to **sign** the bottom of this form.

Section 4: CONTRACTOR ACKNOWLEDGEMENT

- A. I have reviewed and understand the requirements listed in Article V of the Chemung County Sanitary Code and will abide by those requirements.
- B. I understand that I must maintain registration in good standing with the Chemung County Health Department in order to conduct activities associated with On-Site Wastewater Treatment Systems (OWTS) in Chemung County.
- C. I understand that if I violate any of the requirements listed in Article V of the Chemung County Sanitary Code my registration could be revoked by the Chemung County Health Department and I would not be lawfully permitted to perform work on or construct OWTS's in Chemung County.
- D. I understand that I have a right to appeal to the Commissioner of the New York State Department of Health any enforcement action taken against me by the Chemung County Health Department.

I certify that the information provided on this application is true.

SIGNATURE OF OPERATOR: _____ **Date:** _____

Print Name: _____ Title: _____

CONTRACTOR REGISTRATION INSTRUCTIONS FOR FILLING OUT ATTACHED APPLICATION

Please fill out all blank areas on the attached application. Incomplete applications may be returned to you and could delay issuance of a registration certificate.

Be sure to pay special attention to the following items:

- **APPLICATION FEES ARE NON-REFUNDABLE.** Please submit your application fee which will cover a five year registration along with the enclosed application. *Make checks payable to: Chemung County Health Dept..*
- **WORKERS' COMPENSATION AND DISABILITY INSURANCE**
 - **If you have Worker's Comp & Disability Insurance:**
Attach proof of insurance certificates to your application. Please refer to enclosed list of acceptable proof.
 - **If you do not have Worker's Comp & Disability Insurance:**
You must file for an exemption from these requirements (Form CE-200). See below for details on how to obtain this form.
Submit the completed and signed CE-200 to our office along with your application.
- **SIGNATURE** - All applications must be signed.

Additional information regarding our contractor registration policy is available on our website: www.chemungcountyhealth.org

Workers' Compensation and Disability Insurance Requirements

The following forms must accompany the application to document compliance with the Worker's Compensation Law. Permits will not be issued without this paperwork. **These forms can be faxed to our office at (607) 737-2059, emailed to EHS@co.chemung.ny.us or mailed to our office along with your application.**

When Worker's Comp and/or Disability coverage IS provided.

Proof of Workers' Compensation Insurance:

- One of these
- **Form C-105.2** – Certificate of Worker's Compensation Insurance (**Contact your Insurance carrier**; they will have to generate this form). **Note:** Form **C-105** is not acceptable proof, must be form **C-105.2**
 - OR
 - **Form U-26.3** – Certificate of Workers' Compensation Insurance (Issued by the **State Insurance Fund**, you will have to contact them).
 - OR
 - **Form SI-12** – Certificate of Workers' Comp Self-Insurance (usually only applies to major corporations or government agencies).
 - OR
 - **GSI – 105.2** – Certificate of Participation in Workers' Compensation Group Self-Insurance (usually only applies to major corporations or government agencies).

AND

Proof of Disability Benefits Insurance:

- One of these
- **DB-120.1** - Certificate of Disability Benefits (**Contact your Insurance carrier**, they will have to generate this form). **Note:** Form **DB-120** is not acceptable proof, must be form **DB-120.1**
 - OR
 - **Form DB-155** – Certificate of Disability Benefits Self-Insurance Insurance (usually only applies to major corporations or government agencies).



Important: Acord Forms are not acceptable as proof of WC/DB insurance coverage.

When Worker's Comp and/or Disability coverage IS NOT provided.

Form CE-200 – Certificate of Attestation of **Exemption** from NYS Workers' Compensation and/or Disability Benefits Coverage.

You can obtain form CE-200 from one of the following:

- **On-line** - There is a direct link to the Exemption Form (CE-200) on our website www.chemungcountyhealth.org near the bottom of the main page. (**Note: You will need to turn off Pop-up Blockers on your computer in order to print form.**)
- **Worker's Compensation Office at 167 Lake St., Elmira, NY.**